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County: Outagami e PARKSIDE CARE CENTER 1201 GARFIELD AVENUE LITTLE CHUTE 54140 Phone: (920) 788-5806
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 72
Total Licensed Bed Capacity (12/31/00): 100
Number of Residents on 12/31/00: 68 Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 66 *********************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/00)	Length of Stay (12/31/00)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year 1 - 4 Years	48. 5 36. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.4	More Than 4 Years	14. 7
Day Servi ces	No	Mental Illness (Org./Psy)	5. 9	65 - 74	10. 3		
Respite Care	No	Mental Illness (Other)	1.5	75 - 84	32. 4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44. 1	****************	*******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	5. 9	Full-Time Equivaler	
Congregate Meals	No	Cancer	2. 9			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	8.8		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	17. 6	65 & 0ver	92. 6	[
Transportation	No	Cerebrovascul ar	14. 7			RNs	7. 0
Referral Service	No	Di abetes	4.4	Sex	%	LPNs	5. 7
Other Services	No	Respi ratory	4. 4			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	39. 7	Male	39. 7	Aides & Orderlies	27. 4
Mentally Ill	No			Female	60. 3		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other Pri va		ri vate	i vate Pay		Manageo	d Care	Percent		
	Per Diem			em	Per Diem			Per Diem			Per Diem		Per Diem Total			Of All	
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	4		\$281.76	36	87. 8	\$101.47	ŏ	0. 0	\$0.00	22		\$120.00	ŏ	0. 0	\$0.00	62	91. 2%
Intermediate				5	12. 2	\$83. 84	0	0.0	\$0.00	1	4.3	\$120.00	0	0.0	\$0.00	6	8. 8%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain In	i. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	4	100.0		41	100. 0		0	0.0		23	100.0		0	0.0		68	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 20. 2 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Baťhi ng 10. 3 80.9 8.8 68 Other Nursing Homes 5. 1 Dressi ng 8.8 80.9 10.3 68 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 72.7 Transferring 20.6 68 64. 7 14. 7 68 0.0 Toilet Use 14.7 67. 6 17. 6 68 0.0 Eating 80. 9 14.7 ****** Other Locations *********** 2.0 Total Number of Admissions 99 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 0.0 5. 9 Private Home/No Home Health 42.3 Occ/Freq. Incontinent of Bladder 44. 1 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 20.6 0.0 Other Nursing Homes 6. 2 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 12.4 Mobility 1. 5 Physically Restrained 0.0 1.5 26. 5 0.0 Other Locations 5. 2 Skin Care Other Resident Characteristics 5. 9 Deaths 34.0 With Pressure Sores Have Advance Directives 88. 2 Total Number of Discharges With Rashes 0.0 Medications Receiving Psychoactive Drugs (Including Deaths) 39.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p:			Bed Size:		Li censure:		
	Thi s	This Proprietary		100- 199		Skilled		Al l	
	Facility	Peer Group *		Peer Group		Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	66 . 0	82. 5	0.80	83. 6	0. 79	84. 1	0. 78	84. 5	0. 78
Current Residents from In-County	100	83. 3	1. 20	86. 1	1. 16	83. 5	1. 20	77. 5	1. 29
Admissions from In-County, Still Residing	33. 3	19. 9	1. 68	22. 5	1.48	22. 9	1.46	21. 5	1. 55
Admi ssi ons/Average Daily Census	150. 0	170. 1	0. 88	144. 6	1.04	134. 3	1. 12	124. 3	1. 21
Discharges/Average Daily Census	147. 0	170. 7	0. 86	146. 1	1.01	135. 6	1.08	126. 1	1. 17
Discharges To Private Residence/Average Daily Census	62. 1	70.8	0. 88	56 . 1	1. 11	53. 6	1. 16	49. 9	1. 25
Residents Receiving Skilled Care	91. 2	91. 2	1.00	91. 5	1.00	90. 1	1. 01	83. 3	1.09
Residents Aged 65 and Older	92. 6	93. 7	0. 99	92. 9	1.00	92. 7	1.00	87. 7	1.06
Title 19 (Médicaid) Funded Residents	60. 3	62. 6	0. 96	63. 9	0. 94	63. 5	0. 95	69. 0	0. 87
Private Pay Funded Residents	33. 8	24. 4	1. 39	24. 5	1. 38	27. 0	1. 25	22. 6	1.50
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 8	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	7. 4	30. 6	0. 24	36. 0	0. 20	37. 3	0. 20	33. 3	0. 22
General Medical Service Residents	39. 7	19. 9	1. 99	21. 1	1. 88	19. 2	2. 07	18. 4	2. 15
Impaired ADL (Mean)	42. 4	48. 6	0.87	50. 5	0.84	49. 7	0.85	49. 4	0.86
Psychological Problems	39. 7	47. 2	0.84	49. 4	0.80	50. 7	0. 78	50. 1	0. 79
Nursing Care Required (Mean)	5. 0	6. 2	0. 81	6. 2	0.80	6. 4	0.77	7. 2	0.69